

**Applicant Signature** 

## Office of Mayor Virg Bernero Internship Application and Disclosure

Last Name:	e: First Name: e: Cellular			
Telephone:				
Email:				
Permanent Address:				
City:	State:	Zip:		
Temporary Address:				
City:	State:	Zip: _		
Internship/Educational Inform	<u>nation</u>			
Dates desired for Internship:		through		
Days/Hours of Availability:	Mon.	Tues.	Wed	
(ex. 8:30am – 1:30 pm)	Thurs.	Fri.	Weekends	
			Degree Field:	
Currently Attending:   Yes	No	Will Credit Be Red	ceived:	
Emergency Contact: Name: _				
Relationship		J	Phone:	
Please submit Application, Lett Attn.: Renee Freeman, 124 Mi Renee.Freeman@lansingmi.go	chigan, 9 <sup>th</sup> Floor, L	ansing, MI 48933 –		
<u>Disclosure</u>				
I understand that:				
<ol> <li>I will NOT receive pay or other</li> <li>I am NOT considered to be a Cir</li> <li>I am to conduct myself with hon</li> <li>This agreement may be terminat</li> <li>Submission of this application d</li> <li>I have NOT been convicted of a</li> <li>I understand that I will become p</li> </ol> By signing and submitting this document, I	by Hall employee for any puesty and integrity in the pered at any time by the internoes not constitute acceptancy felonies, and do not have privy to confidential inform	arpose, and I understand that rformance of my duties; a, the educational institution, ce; e a criminal record or any cri ation during my internship an	or The City of Lansing; iminal matters pending; nd I agree to keep this information strictly confid	

Date